

<b>ORDER FOR SUPPLIES OR SERVICES</b> (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>2</b>					
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.													
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>													
1. CONTRACT/PURCH ORDER NO. <b>SP0700-01-D-9725</b>			2. DELIVERY ORDER NO. <b>3038</b>		3. DATE OF ORDER (YYMMDD) <b>2004 SEP 24</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC04268000794</b>		5. PRIORITY				
6. ISSUED BY  <b>DEFENSE SUPPLY CENTER COLUMBUS P.O. Box 3990 Columbus, OH 43218-3990</b>			CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6)  <b>SC0700 DEFENSE SUPPLY CNTR COLUMBUS ATTN DSCC-PLS PO BOX 3990 (TRANS 1-800-456-5507) COLUMBUS, OH 43218-3990</b>			CODE <b>SP0700</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)			
9. CONTRACTOR  <b>EATON AEROQUIP INC DIV HYDRAULIC OPERATIONS 14615 LONE OAK RD EDEN PRAIRIE MN 55344-2287</b>			CODE <b>01276</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED				
NAME AND ADDRESS							12. DISCOUNT TERMS  <b>I/A/W/ BASIC CONTRACT</b>		13. MAIL INVOICES TO  <b>SEE BLOCK 15</b>				
14. SHIP TO  <b>DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM</b>			CODE		15. PAYMENT WILL BE MADE BY  <b>DFAS COLUMBUS CENTER ATTN DFAS CO BVDPC/CC CONSTRUCTION 3990 E BROAD ST PO BOX 182317 FAS CUSTOMER SERVICE 1-800-756-4571 COLUMBUS, OH 43218-3990</b>			CODE <b>S33181</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			
16. TYPE OF ORDER													
DELIVERY		<input checked="" type="checkbox"/>		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.									
PURCHASE		<input type="checkbox"/>		Reference your _____ and furnish the following on terms specified herein.									
<b>ACCEPTANCE.</b> THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  <b>CG: 97X4930 5CC0 001 26.0 S33150</b>													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT		
		<b>Remarks:</b>  <b>Terms and conditions are in accordance with Basic Contract.</b>  <b>Vendor's copy was sent EDI.</b> <b>Do not duplicate shipment.</b>											
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						24. UNITED STATES OF AMERICA  BY: <b>POPS Auto Award</b>			25. TOTAL <b>\$ 1492.50</b>				
26. QUANTITY IN COLUMN 20 HAS BEEN  <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED  _____ DATE                      SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						27. SHIP. NO.  <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.  32. PAID BY		29. DIFFERENCE			
										30. INITIALS			
36. I certify this account is correct and proper for payment.  _____ DATE                      SIGNATURE AND TITLE OF CERTIFYING OFFICER						31. PAYMENT  <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER			
										35. BILL OF LADING NO.			
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			

## CONTINUATION SHEET

Order Number:

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## SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code LPL

000000000 Post Award Administrator NONE AVAILABLE

P/N FL3280HHH0180AA

Manufacturer's CAGE - 01276

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7201	PR YPC04268000794	125	EA	11.94	1492.50
	NSN 4720-01-359-4909				

QTY VARIANCE: PLUS 0% MINUS 0%

INSPECTION POINT: DEST

ACCEPTANCE POINT: DEST

DELIVERY FOB: DESTINATION

BY: 2004 OCT 24

**PARCEL POST ADDRESS:**

XU DEF DIST DEPOT SAN JOAQUIN

TRANSPORTATION OFFICER

PO BOX 960001

STOCKTON

CA 952960130

**FREIGHT ADDRESS:**

W62G2T

XU DEF DIST DEPOT SAN JOAQUIN

25600 S CHRISMAN ROAD

REC WHSE 10 PH 209 839 4307

TRACY, CA 95304-5000

M/F: (TCN) STOCK BUY RQMT

RDD: 21-OCT-04

PROJ:

END OF AWARD